TOWN OF ASHBURNHAM

32 Main Street Ashburnham, MA 01430

Board of Selectmen

Kyle Johnson Leo Janssen John Mulhall mcalandrella@ashburnham-ma.gov



Town Administrator

Heather M. Budrewicz Phone: 978-827-4100 FAX: 978-827-4105 hbudrewicz@ashburnham-ma.gov

CORI REQUEST FORM

The Town of Ashburnham has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the Town, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

	Applican	t/Employee Signature	
	Applicant/Emplo	yee Information (Please	Print)
NAME			
	Last	First	Middle Initial
FORMER NAMES			
OTHER INFO	Former Name 1	Former Name 2	Maiden Name XX
	DOB (MM/DD/YYYY)		SS # (last six digits)
FATUED/C NAME	Gender		Race
FATHER'S NAME	Locat	Final	-
MOTHER'S NAME	Last	First	
	Last	First	Maiden
** The above info photographic iden		y reviewing the followin	g form of government issued
Requested by:			
	Sign	ature of CORI Authorized	d Employee

* The CHSB Identity Theft Index PIN number is to be completed by those applicants that have been issued an Identify Theft Index Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include a theft index number are required to be submitted to the CHSB via mail or by fax to 617-660-4614.